EXHIBIT C

| THE BIO (CIRCIAI FORM TO) (TO/O | 3) | and Actorion (Materials | | |
|---|--|---|---|---|
| JUITED STATES BANKRUPTCY C | OURT | Dist | RICT OF NEVADA | PROOF OF CLAIM |
| Name of Debtor USA COMMERCIAL A | MORTGAGE Co. | Case N | lumber 6-10725 | PROOF OF CLAIM |
| NOTF This form should not be used to of the case A "request" for payment of | | | | |
| Name of Creditor (The person or other edebtor owes money or property) EP thrush FIRST NUR | ARNULD IRA | else i your | k box if you are aware that anyone has filed a proof of claim relating to claim. Attach copy of statement g particulars. | |
| Name and address where notices should ROBERT C. LEPOME 10/20 S. EASTERN # | the sent | notice case. | k box if you have never received any es from the bankruptcy court in this | |
| HENDERSON, NV 8 Telephone number (70%) 49% | -127/ | addro the c | | THIS SPINE IS FOR COURT |
| | ber by which creditor | | ik here □ replaces s clasm □ _{amends} a previously fik | ed claim, dated: |
| 1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful de | ENERAL UNSECTION - CLASS & | uR∈D | Retiree benefits as defined in Wages, salaries, and compens Last four digits of your SS #- Unpaid compensation for services from | ation (fill out below) |
| Taxes NEGLICE | ULE & FRAUD | | (date) | (date) |
| 2. Date debt was incurred JA TO APRIL | 12, 2006 | 3. | If court judgment, date obtained | |
| See reverse side for important explain Unsecured Nonpriority Claim S | oblateral or lien securing your of property securing it, or if c) not nearly securing it, or if c) not nearly secured claim, all or part of white the course claim, all or part of white claim, all or part o | ch is | Brief Description of Collater Real Estate Motor Value of Collateral \$ Amount of arrearage and other cha secured claim, if any \$ Up to \$2,225* of deposits toward pu or services for personal, family, or hi \$ 507(a)(7) Taxes or penalties owed to governme Other - Specify applicable paragraph with respect to cases commenced on yether country and the claim of the claim. Attain | rges at time case files a tuced in rchase, lease, or rental of property pusehold use - 11 U S.C. antal urus - 11 U S.C. antal urus - 11 U S.C. \$ 507(a)(8) and fil U S.C. \$ 507(a)() 11/07 and every 3 years thereafter or after the date of adjustment. |
| 7 Supporting Documents: Attach orders, invoices itemized statements agreements, and evidence of perfect documents are not available, explain 8. Date-Stamped Copy addressed envelope and copy of this Date Sign and print the file this claim (a | copies of supporting documents of running accounts, contracts tion of lien DO NOT SEND in If the documents are volument an acknowledgment of the filing proof of claim. The name and trile, if any, of the claim copy of power of attorney. | (s, such a s, court p ORIGIN nous atta g of your creditor y if any) | adgments, mortgages, security AL DOCUMENTS If the ach a summary claim, enclose a stamped, self- or other person authorized to BARH 1980 | THE SPACE IS HOR CHART USE OMY |
| Penalty far presenting fraudulent claim. | Fine of up to \$500 000 or imp | risonmeni | THE UP TO 5 YEARS OF INCH. 18 U.S.C. | USA CMC 1072501654 |

| , ———————————————————————————————————— | PRO | OF OF CLAIM | э.18 Ра (| JC 3 01 11 |
|---|-------------|---|-------------------------------------|---|
| | | | | |
| Name of Debtor | Case Nu | mber | | |
| LLSA COMMERCIAL MORTGAGE CO | | | | |
| | 1710 | -S-06-1072.5 LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expe | 200 | Check boy of you are | | |
| arising after the commencement of the case. A "request" for payment of | | Check box if you are aware that anyone else has | | |
| administrative expense may be filed pursuant to 11 U S C § 503 | | filed a proof of claim relating to your claim. Attach copy of | | |
| Name of Creditor and Address | | statement giving particulars | | |
| 11321241000105 | | Check box if you have | | |
| ARTHUR E KEBBLE & THELMA M KEBBLE FAMILY TRUST DATED 5/19/95 | | never received any notices from the bankruptcy court or | DO NOT FILE T | HIS PROOF OF CLAIM FOR A |
| C/O ARTHUR E KEBBLE & THELMA M KEBBLE TRUS | TEES | BMC Group in this case | | REST IN A BORROWER THAT IS NOT |
| 9512 SALEM HILLS CT LAS VEGAS NV 89134-7883 | | Check box if this address differs from the address on the | | ready filed a proof of claim with the |
| | | envelope sent to you by the | | t or BMC you do not need to file again |
| Creditor Telephone Number (702-242-4129 | | court | THIS SPACE | CE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which <u>creditor</u> identifies de | ebtor | Check here replac | 2 Previous | y filed claım dated |
| . 160.7 | | if this claim amen | | y mou dann datou |
| | Retiree b | penefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Goods sold Personal injury/wrongful death | Wages : | salaries and compensation (f | fill out below) | Other claims against servicer |
| ☐ Services performed ☐ Taxes | | digits of your SS # | | (not for loan balances) |
| Money loaned Other (describe briefly) | | compensation for services per | formed from | to |
| 2 DATE DEBT WAS INCURRED VARIOUS—See 147 | 3 IF C | OURT JUDGMENT, DATE O | | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that be See reverse side for important explanations | best descri | be your claim and state the amou | unt of the claim at | the time case filed |
| UNSECURED NONPRIORITY CLAIM \$ | | SECURED CLAIM | | |
| Check this box if a) there is no collateral or lien securing your claim or b) you | our claım | | our claim is secu | ired by collateral (including |
| exceeds the value of the property securing it or if c) none or only part of you entitled to priority | ır claım ıs | a right of setoff) | | TTRUST DELA |
| UNSECURED PRIORITY CLAIM | | Brief description of | | NPROPERTY |
| Check this box if you have an unsecured claim all or part of which is | | Real Estate | Motor Vehicl えおん | e ∐ Other |
| entitled to priority | | Value of Collateral | \$ + 32, | 646 71 5-7313,767.61 |
| Amount entitled to priority \$ | | Amount of arrearage and secured claim, if any | d other charge | included in |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | _ | | | |
| Wages salaries or commissions (up to \$10 000)* earned within 180 days | L | Up to \$2 225* of deposits towa services for personal family o | rd purchase leas r household use | e or rental of property or 11 U.S.C. § 507(a)(7) |
| before filing of the bankruptcy petition or cessation of the debtor's | | Taxes or penalties owed to gove | | - '''' |
| business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | Other - Specify applicable para | • . | 0 (,(, |
| i sommoduons to an employee beliefit plant 11 0 3 C g 507(a)(3) | | * Amounts are subject to adjust with respect to cases comments. | tment on 4/1/07 a | nd every 3 years thereafter |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ 3 | 3/3, | | #5T~ 10,Z | |
| AT TIME CASE FILED (unsecured) | | ecured) + HeLD | AGING 3. | 503.82) (Total) X |
| Check this box if claim includes interest or other charges in addition to the | | amount of the claim Attach iter | mized statement | of all interest or additional charges 🤾 |
| 6 CREDITS The amount of all payments on this claim has been credit | ted and d | educted for the purpose of m | aking this proof | of claim |
| 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts, court judgments, mortgages, security ag DOCUMENTS If the documents are not available explain. If the documents are not available. | reement: | s, and evidence of perfection. | of lien DO NO | voices itemized statements of OT SEND ORIGINAL |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | | | | d envelope and copy of this |
| The original of this completed proof of claim form must be sent t | by mail o | r hand delivered (FAXES N | ОТ | THIS SPACE FOR COURT |
| ACCEPTED) so that it is actually received on or before 5 00 pm, per for each person or entity (including individuals, partnerships, co | prevailin | g Pacific time, on Novembe | r 13, 2006 | USE ONLY |
| | | OR OVERNIGHT DELIVERY TO | | |
| | BMC Grou | | רוו רח | NOV 10 2006 |
| P O Box 911 | 330 East | Franklin Avenue | , , | |
| El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the | | other person authorized to file | | USA CMC |
| this claim (attach copy of power of attorne | y ifany) | outer person authorized to file | | |
| 11/3/04 HATTURE KERRIE | _0 | ither E KABO | le | 1072501177 |

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PRO | OOF OF CLAIM | | |
|--|---|---|---|--|
| Name of Debtor | Case Nu | mber | | |
| USA COMMERCIAL MORTGAGE COMPANY | 06-1 | 0725-LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement aware particulars. | | FILED JAN 12 201 |
| BROOKS BISHOFBERGER 1727 GOLDEN HORIZON DRIVE LAS VEGAS, NV 89123-2433 Creditor Telephone Number (702) 269 4846 | | statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court | SECURED INTER ONE OF THE DE If you have air Bankruptcy Court | IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again CE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies of | debtor | Check here replace or f this claim amen | a previously | filed claim dated |
| 1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly) DIRECT LOANS/LOAN SERVICING AGREEMENT/D | Wages s | penefits as defined in 11 U S salaries and compensation (digits of your SS # | C § 1114(a) fill out below) | Unremitted principal Other claims against services (not for loan balances) |
| 2 DATE DEBT WAS INCURRED PRE-PETITION & POST-PETITION | | | BTAINED | (date) (date) |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | | | | he time case filed |
| See reverse side for important explanations | NG | SECURED CLAIM | | |
| UNSECURED NONPRIORITY CLAIM \$ 54,458 35 + ACCRUINTERE Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your chitled to priority | your claim | Check this box if you a right of setoff) Brief description of | | red by collateral (including |
| UNSECURED PRIORITY CLAIM | | Real Estate | _ | Other |
| Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ **Table 1.5** Amount entitled to priority \$ **Table 2.5** **T | | Value of Collateral | - \$ | |
| Specify the priority of the claim | | secured claim if any | | at time case filed included in |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days | | Up to \$2 225 of deposits toward services for personal family of | | |
| before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U.S.C. § 507(a)(4) | | Taxes or penalties owed to go Other Specify applicable para | vernmental units | 11 U S C § 507(a)(8) |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | Amounts are subject to adjust with respect to cases comment | stment on 4/1/07 ar | nd every 3 years thereafter |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED | | \$ | | \$ 54,458.35 |
| (unsecured) Check this box if claim includes interest or other charges in addition to the | • | ecured) amount of the claim Attach ite | (priority) mized statement o | (Total) of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the documents are not available. | <u>iments,</u> su igreement locuments | ch as promissory notes purc s and evidence of perfection are voluminous attach a sur | chase orders inv of lien DO NO mmary | oices itemized statements of T SEND ORIGINAL |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | | | | envelope and copy of this |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals partnerships of governmental units) BY MAIL TO | prevailin orporatio | g Pacific time, on N ovembe ns, joint ventures trusts an OR OVERNIGHT DELIVERY TO | 13, 2007 | THIS SPACE FOR COURT USE ONLY |
| BMC Group Attn USAC vl Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 | Attn USA 1330 East | up CM Claims Docketing Cente t Franklin Avenue do CA 90245 | t IL t | D JAN 19 2007 |
| DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn by the body of the thin claim (attach copy of power of attorn by the thin claim). | ney if any) | other person authorized to file KS BISHOFBERGE | ER | USA CMC |

FORM B10 (Official Form 10) (04/04)

| FORM BIO (Official Politi 10) (04/04) | | |
|---|---|---|
| UNITED STATES BANKRUPTCY COURT DISTRICT | OF NEVADA | PROOF OF CLAIM |
| Name of Debtor USA COMMERCIAL MORTGAGE COMPANY | Case Number BK-S 06-10725-LBR | |
| NOTE: This form should not be used to make a claim for an administrative exper | | |
| of the case. A "request" for payment of an administrative expense may be filed pu | | 201 tes |
| Name of Creditor (The person or other entity to whom the debtor owes | Check box if you are aware that | 3 40 811 108 |
| money or property): CARDWELL CHARITABLE TRUST c/o James B. Cardwell, Trustee | anyone else has filed a proof of claim relating to your claim. Attach | 4 C |
| | copy of statement giving particulars. | |
| Name and address where notices should be sent: | Check box if you have never | IDAL GANG NEAK |
| c/o Michael J. Dawson, Esq. | received any notices from the | |
| 515 South Third Street | bankruptcy court in this case. Check box if the address differs | |
| Las Vegas, NV 89101 | from the address on the envelope | , , |
| Telephone number: (702) 384-1777 | sent to you by the court. | This space is for court use only |
| Account or other number by which creditor identifies debtor: 4016 | Check here replaces if this claim amends a previous | ly filed claim, dated: |
| 1. Basis for Claim | | |
| Goods sold | Retiree benefits as defined in 11 U.S.C Wages, salaries, and compensation (fi | |
| Services performed Money loaned | Last four digits of SS #: | , |
| Personal injury/wrongful death | Unpaid compensation for service from to | es performed |
| Taxes Other | from to | (date) |
| 2. Date debt was incurred: | 2 If count independent date obtained. | |
| Various | 3. If court judgement, date obtained: | |
| 4. Total Amount of Claim at Time Case Filed: \$ 10.00 | \$1,549,483.61 | 1,549,493.61 |
| (unsecured) If all or part of your claim is secured or entitled to priority, also complete | (secured) (priority) | (Total) |
| Check this box if claim includes interest or other charges in addition to t | | rized statement of all |
| interest or additional charges. | ne principal amount of the claim. Attach hen | nzed statement of an |
| 5. Secured Claim. | 7. Unsecured Priority Claim. | |
| | Check this box if you have an uni | secured priority claim |
| Check this box if your claim is secured by collateral (including a right of setoff). | Amount entitled to priority \$ | |
| Brief Description of Collateral: | Specify the priority of the claim: | |
| Real Estate Motor Vehicle | Wages, salaries, or commissions days before filing of the bankrup | (up to \$4,925),* earned within 90 |
| Other | debtor's business, whichever is e | arlier - 11 U.S.C. § 507(a)(3). |
| , ———————————————————————————————————— | | nefit plan - 11 U.S.C. § 507(a)(4). |
| Value of Collateral: \$ Unknown | Up to \$2,225* of deposits toward | |
| Amount of arrearage and other charges at time case filed included in | § 507(a)(6). | , family, or household use - 11 U.S.C. |
| secured claim, if any: \$ | | rt owed to a spouse, former spouse |
| 6. Unsecured Nonpriority Claim \$ \$10.00 | or child - 11 U.S.C. § 507(a)(7). | mmontol units 11 II C 0 0 507/ \/2\ |
| Check this box if: a) there is no collateral or lien securing your | ☐ Taxes or penalties owed to gover☐ Other - Specify applicable parag | ramental units - 11 U.S.C. § 507(a)(8). |
| claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. | | 14/1/07 and every 3 years thereafter with |
| in c) home or only part of your claim is chance to priority. | | n or after the date of adjustment. |
| 8. Credits: The amount of all payments on this claim has been credited and ded | ucted for the purpose of making | This space is for court use only |
| this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as | manufacan notes musikasa | , |
| orders, invoices, itemized statements of running accounts, contracts, court judg | | |
| agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DO | | |
| not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgement of the filing of you | r claim enclose a stamped calf | |
| addressed envelope and copy of this proof of claim. | a ciami, chelose a siampeu, sen- | |
| Date Sign and print the name and title, if any, o | | |
| this claim (attach copy of power of attorne | y, if any): lichael J. Dawson, Attorney for Claimant | USA CMC |
| manu) 2/hw | Claimant of Dambon, Provincy for Claimant | |

FORM B10 (Official Form 10) (10/05)

| UNITED STATES BANKRUPICY COURT | Dis | RICT OF NEVADA | PROOF OF CLAIM |
|--|---|--|--|
| Name of Debtor U.S.A. Commercial Mortgage Co. | Case | Number 06-10725 | PROOF OF GLAIM |
| NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma | | | |
| Name of Creditor (The person or other entity to whom the dubtor owns money or property) Robert Carollo & Beverley Carollo, husband & wife, as joint tenants with right of survivorship | else your givii | ck box if you are aware that anyone has filed a proof of claim relating to relaim. Attach copy of statement ng particulars | |
| Name and address where notices should be sent Beverley Carollo c/o Morse & Mowbray 300 South Fourth Street, Suite 1400 | notic case | ck box if you have never received any ces from the bankruptcy court in this ck box if the address differs from the | |
| Las Vegas, NV 89101 Telephone number 702 384.6340 | the | ress on the envelope sent to you by court. | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor Fiesta Stonebridge Harbor Georgetown | | ck here | ed claim dated |
| 1 Basis for Claim Goods sold Services performed Mark Money loaned Personal injury/wrongful death Taxes Other | | Retiree benefits as defined in Wages, salaries, and compens Last four digits of your SS # Unpaid compensation for ser from | eation (fill out below) |
| 2 Date debt was incurred 2004 and 2005 | 3. | If court judgment, date obtaine | d |
| 4. Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ | which is | Secured Claim Check this box if your claim a right of setoff) Brief Description of Collate Real Estate Motor Value of Collateral \$_U_1 | ral Vehicle Other Other Other Ornarges at time case filed included in ran Ourchase, lease, or rental of property iousehold use - 11 U S C ental units - 11 U S C § 507(a)(8) th of 11 U S C § 507(a)() V1/107 and every 3 years thereafter |
| Total Amount of Claim at Time Case Filed. Check this box if claim includes interest or other charges in ad- | ? dition to th | (unsecured) (secured) | (priority) (Total) |
| interest or additional charges 6. Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents. Attach copies of supporting docume orders, invoices, itemized statements of running accounts contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are not available, explain if the documents are voluments are voluments are not available, explain if the documents are voluments are voluments. | n credited a nents, such nacts, court ND ORIGI minous, at iling of you | and deducted for the purpose of as promissory notes, purchase judgments, mortgages, security NAL DOCUMENTS If the ttach a summary ur claim, enclose a stamped self- or or other person authorized to | THIS SPACE IS FOR COURT USE ONLY filed date 8/15/2006 |
| Christopher H. Byrd, Esq /Morse of | | | USA CMC |

| ~ | · Cas | e 06-10 <i>785-</i> 0wzz | 53-1-2 E m | tereat:0.7.12-2-114-01a4-4 | 5thQ _a Rac | re=7 of 11 |
|--|---|--|---|---|---|---|
| | UNITED STAT | ES BANKRUPTGY GOURT RICT OF NEVADA | PRO | OOF OF CLAIM | 1-age-196 | |
| Name | of Debtor | | Case Nu | mber | 4 | |
| USA | COMMERCIA | AL MORTGAGE COMPANY, | BK- | -S-06-10725-LBR | REC | EIVED AND FILED |
| NOTE This forr arising a administ | See Reverse for Lism should not be use after the commence trative expense may | TNC. st of Debtors and Case Numbers ed to make a claim for an administrative e ment of the case A "request" for paymen by be filed pursuant to 11 U S C § 503 | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of | | NOV -9 P 2 31 |
| c/o 601 Creditor | KARANANA KEMMANANA George D Greenway | 113212410083 KIN TRUSTEE KINAX | NV | statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court | DO NOT FILE TH SECURED INTEI ONE OF THE DE If you have alr Bankruptcy Court | IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT |
| Last fou | r digits of account o | r other number by which creditor identifie | s debtor | Check here replace | ces | |
| | | | | if this claim amen | a previously | filed claim dated |
| | S FOR CLAIM | | Retiree b | enefits as defined in 11 U S | C § 1114(a) | Unremitted principal Unremitted p |
| ☐ Se | ods sold rvices performed | ☐ Taxes | Wages : | salaries and compensation (i | | Other claims against services (not for loan balances) |
| Mc Mc | ney loaned | Other (describe briefly) | Unpaid o | compensation for services per | rformed from | to |
| 2 DATE | DEBT WAS INCU | RRED 5-1-2006 | 3 E C | OURT JUDGMENT, DATE O | DTAINED | (date) (date) |
| | | LAIM Check the appropriate box or boxes to | | | | the time case filed |
| See re | verse side for importai | nt explanations | | SECURED CLAIM | | ino inito dado mad |
| Che exc | EURED NONPRIOR eck this box if a) there eeds the value of the pated to priority | IFY CLAIM \$ us no collateral or lien securing your claim or or operty securing it or if c) none or only part of | b) your claim your claim is | Check this box if you a right of setoff) | | red by collateral (including Assignments of |
| | URED PRIORITY C | LAIM | | Brief description of | | ınterest ın Deed |
| | eck this box if you have tled to pnority | an unsecured claim all or part of which is | | Real Estate Value of Collateral | | |
| Amo | ount entitled to priority | \$ | | Amount of arrearage an | $\frac{56,1}{10}$ other charges | at time case filed included in |
| | cify the priority of the c | | - | secured claim if any | 5 | |
| | | ons under 11 U S C \S 507(a)(1)(A) or (a)(1)(B) issions (up to \$10 000)* earned within 180 da | | Up to \$2 225* of deposits towa services for personal family or | rd purchase lease r household use -1 | or rental of property or 1 U S C § 507(a)(7) |
| befo | ore filing of the bankrup | olcy petition or cessation of the debtor's rlier 11 U S C § 507(a)(4) | | Taxes or penalties owed to gov | vernmental units | 11 U S C § 507(a)(8) |
| Con | tributions to an emplo | yee benefit plan 11 U S C § 507(a)(5) | <u></u> | Other - Specify applicable para * Amounts are subject to adjus | | |
| 5 TOTA | L AMOUNT OF CL | AIM ¢ | FC 100 | with respect to cases commend | ced on or after the | date of adjustment |
| AT T | ME CASE FILED | AIM \$\$ | 56,120 | | | \$ |
| ☐ Chec | k this box if claim inc | ludes interest or other charges in addition to | • | ecured) amount of the claim Attach iten | (priority) nized statement o | (Total) f all interest or additional charges |
| 6 CREI 7 SUPI runnii | PORTING DOCU | of all payments on this claim has been cr MENTS <u>Attach copies of supporting do</u> cts court judgments, mortgages security cuments are not available explain If the | edited and decuments, sur | educted for the purpose of m ch as promissory notes purc | aking this proof of lies - DO NO | of claim |
| 8 DATE proof | E-STAMPED COF of claim | To receive an acknowledgment of t | he filing of yo | our claim, enclose a stamped | self-addressed | envelope and copy of this |
| for ea gove BY MA BMC | =PTED) so that it is ach person or entit rnmental units) AL TO Group | ipleted proof of claim form must be se s actually received on or before 5 00 pi ry (including individuals, partnerships, | m, prevailing corporation BY HAND C BMC Grou | g Pacific time, on Novembe is, joint ventures, trusts an OR OVERNIGHT DELIVERY TO IP | r 13, 2006 d | THIS SPACE FOR COURT USE ONLY |
| PO | USACM Claims Doo Box 911 | | 1330 East | CM Claims Docketing Center Franklin Avenue | | |
| El Se | gundo CA 90245-0 | | El Segund | o, CA 90245 | | |
| | 0.000 | SIGN and print the name and title if any of the claim (attach copy of power of atto | tne creditor or orney if any) | | | |
| $11\cdot$ | -8-2006 | 5-07 | _ | George D Fran | ne | |

| Case 06-10725-gwz Doc 8685 | _2 En | torod 07/22/11 14·/ | 15:10 | 0.0 of 11 |
|---|---------------------------------|--|--|---|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PRO | OF OF CLAIM | YOUR CLA | AIM IS SCHEDULED AS |
| Name of Debtor | mber Schedule/Claim | | s31452 | |
| USA Commercial Mortgage Company | 06-107 | 725-LBR | Amount/Classification | tion |
| OSA Commercial mortgage Company | 100 | LV-LUN | \$43 76 Unsecured | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative examining after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503 | | Check box if you are aware that anyone else has filed a proof of claim relating | The amounts reflec | ted above constitute your claim as |
| Name of Creditor and Address: | 000831 | to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court. | scheduled by the D you agree with the a other claim against this proof of claim E if the amounts sho Unliquidated or Di filed If you have alre Bankruptcy Court of | ebtor or pursuant to a filed claim if amounts set forth herein, and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, aputed, a proof of claim must be ady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY |
| Creditor Telephone Number () | dobtos | | عسمتين عسما | E 10 FUN VUUNT UBE UNLT |
| Last four digits of account or other number by which creditor identifies | S CHOICH | Check here repla | o orosaoueis | filed claim dated. |
| 1 BASIS FOR CLAIM | Retiree t | penefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Goods sold Personal injury/wrongful death | Wages, | salanes, and compensation | (fill out below) | Other claims against services |
| Services performed Taxes | Last four | r digits of your SS # | | (not for loan balances) |
| Money loaned | Unpaid o | compensation for services pe | erformed from | 10 |
| 2 DATE DEBT WAS INCURRED 200/ | 3 IF C | OURT JUDGMENT, DATE (| OBTAINED | (date) (date) |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | | | | time case filed |
| See reverse side for important explanations | | SECURED CLAIM | | |
| UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it, or if c) none or only part of your claim or both securing it. | your claim ur claim is | a right of setoff) | | red by collateral (including |
| entitled to priority UNSECURED PRIORITY CLAIM | | Brief description o | | |
| Check this box if you have an unsecured claim all or part of which is | | Real Estate | | Other |
| entitled to priority Amount entitled to priority \$ | | Value of Collateral | · · | |
| | | Amount of arrearage a secured claim if any: | and other charges | at time case filed included in |
| Specify the prority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | Γ | Up to \$2 225* of deposits town | | |
| Wages, salanes or commissions (up to \$10,000)* earned within 180 days | | services for personal family of | | |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | | Taxes or penalties owed to go | vernmental units - 1 | 1 U S C § 507(a)(8) |
| Contributions to an employee benefit plan - 11 U S C § 507(a)(5) | | Other - Specify applicable part * Amounts are subject to adjus | stment on 4/1/07 and | l every 3 years thereafter |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ | 110- | with respect to cases commer | nced on or after the o | late of adjustment. |
| AT TIME CASE FILED: (unsecured) | | secured) | (priority) | (Total) |
| Check this box if claim includes interest or other charges in addition to t | • | • | *** | ` ' |
| 6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the | z <i>uments,</i> su agreemen | uch as promissory notes, pur its, and evidence of perfection | rchase orders involved the orders involved in the orders in the order in the or | oices, itemized statements of |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | | - | • | d envelope and copy of this |
| The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pr for each person or entity (including individuals, partnerships, | n, prevaili | ng Pacific time, on Novem | ber 13, 2006 | THIS SPACE FOR COURT USE ONLY |
| governmental units) BY MAIL TO BMC Group | BY HAND | OR OVERNIGHT DELIVERY TO | | |
| Attn USACM Claims Docketing Center P O Box 911 | | up ACM Claims Docketing Cent at Franklin Avenue | er Fu C | NOV 09 2006 |
| El Segundo, CA 90245-0911 | El Segun | do, CA 90245 | <u> </u> | אטאו ע |
| DATE SIGN and print the name and title if any of the three claim (attach copy of power of attorn | | other person authorized to file | | |
| House Bolaten | | ENCE POLITI | M | USA CMC |
| Penalty for presenting fraudulent claim is a fine of un to \$500,000 or imprisonmen | | | 52 AND 2571 | |

Case 06-10725-gwz Doc 8685-3 Entered 07/22/11 14:45:19 Page 9 of 11

| UNITED STATES BA | NKRUPTCY COURT DISTRICT OF NEV | VADA (| Las Vegas) | - North Control of the Control of th | PROOF OF CLAIM |
|---|--|--|---|--|--|
| Name of Debtor USA Commercia | ebtor Commercial Mortgage Company | | Case Number: 06-10725LBR | | |
| NOTE: This form shoul of the case. A "request" | d not be used to make a claim for an administ for payment of an administrative expense ma | trative e ay be file | xpense arising after ed pursuant to 11 U | the commencement J.S.C. § 503. | |
| debtor owes money or p | person or other entity to whom the roperty): dated October 8, 1999 | els yo giv | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. | | · |
| Name and address when c/o Scott D. Fleming, Es Hale Lane Peek Denniso 3930 Howard Hughes P. Las Vegas. Nevada 8910 Telephone number: 702 | on and Howard arkway, 4th Floor 59 | no ca. | neck box if you have stices from the bankr se. neck box if the addre dress on the envelop e court. | uptcy court in this | FILED NOV 1 0 2006 THIS SPACE IS FOR COURT USE ONLY. |
| Last four digits of accou | nt or other number by which creditor count ID 508//3420 | Check if this | k here claim | replaces a pre | eviously filed claim, dated: |
| 1. Basis for Claim Goods sold Services perforn Money loaned Personal injury/ Taxes | | □ W La Ui | ages, salaries, and ast four digits of SS | efined in 11 U.S.C. § 1 compensations (fill out #: ns for services perform to (date) | t below) |
| 2. Date debt was incu | rred: See Attachment A | 3. If | court judgment, o | late obtained: | |
| See reverse side for Unsecured Nonpriority a) Check this box if: a) tb) Your claim exceeds the only part of your claim if Unsecured Priority Claim | nim ou have an unsecured claim, all or part of whi | im, or | Secured Claim Check this bear right of setoff) Brief Description Real Estate Value of Col | ox if your claim is secontion of Collateral: te Motor Vehicle clateral: \$ | ured by collateral (including |
| Specify the priority of the Domestic support of (a)(1)(B) | e claim: bligations under 11 U.S.C. § 507(a)(1)(A) or | | | | ourchase, lease, or rental of property household use — 11 U.S.C. |
| Wages, salaries, or days before filing of the business, whichever is ea | commissions (up to \$10,000),* earned within bankruptcy petition or cessation of the debtor arlier — 11 U.S.C. § 507(a)(4). employee benefit plan — 11 U.S.C. § 507(a) | r's | *Amounts are su | bject to adjustment of | mental units - 11 U.S.C. § 507(a)(8). 4/1/07 and every 3 years thereafter rafter the date of adjustment. |
| 5. Total Amount of ClaimCheck this box if claiminterest or additional | m includes interest or other charges in addition | on to the | \$12,951.80 (unsecured) principal amount of | (secured) | (priority) \$ 12,951.80 (priority) (Total) emized statement of all |
| making this proof of 7. Supporting Docume orders, invoices, iten agreements, and evid documents are not av 8. Date-Stamped Copy addressed envelope a | ents: Attach copies of supporting documents, nized statements of running accounts, contract lence of perfection of lien. DO NOT SEND (vailable, explain. If the documents are volumest. To receive an acknowledgement of the filing copy of this proof of claim. | , such as ets, court ORIGIN inous, a ing of yo | s promissory notes, judgments, mortga AL DOCUMENTS ttach a summary. our claim, enclose a | purchase ages, security 5. If the stamped, self- | THIS SPACE IS FOR COURT USE ONLY FILED |
| November 9, 2006 | Sign and print the name and title, if any, of file this claim (attach copy of power of atto /s/ Scott D. Fleming, Esq. | | | authorized to | N.T.V. 1 0 2006 USA CMC |

FORM B10 (Official Form 10) (10/05)

| 101111111111111111111111111111111111111 | | | | | |
|--|---|---|-----------------------------------|--|---|
| UNITED STATE | S BANKRUPICY COURT | Dis | TRK T | or <u>NEVADA</u> | PROOF OF CLAIM |
| Name of Dubtor USA COMMERCIAL MORTGAGE CO. Case Number Chapter 11 AND AFFILIATES Case Number Chapter 11 06-10725 LBR | | | | | THOOLOG OF OF |
| | should not be used to make a claim for an admini quest for payment of an administrative expense ma | | | | st . |
| | (The person or other entity to whom the sy or property) ediund & Carol Hedlund | else you givi | has filed r claim ng partic | | |
| 801 S. Ran | s where notices should be sent tht, Stoddard, Warnick & Albracho Drive, #D-4 NV 89106 r 802-384-7111 | 1ght ^{not} i Case □ Che add | ces from t. ck box i | f you have never received a the bankruptcy court in the f the address differs from the ne envelope sent to you by | 18 |
| | account or other number by which creditor | Che | ck here | ☐ replaces ☐ amends a previously | filed claim dated |
| XX Money ☐ Person ☐ Tayes | sold es performed / loaned al mjury/wrongful death | | □ R □ V L | Retiree benefits as defined Vages salaries and compeast four digits of your SS Unpaid compensation for strom | in !! USC § !!!4(a) insation (fill out below) # ervices performedto |
| | Investments made | 13 | | | (date) |
| 2 Date debt | was incurred 2006 | 3 | If cou | rt judgment, date obtair | ned |
| See reverse side Unsecured Non Check this to your claim excornly part of your Unsecured Prior | | r claim, or none or | Secu | red Claim Check this box if your claim it of setoff) Brief Description of Collai The Real Estate Mode | m is secured by collateral (including teral or Vehicle |
| entitled to priority | ox if you have an unsecured claim all or part of w | hich is | Amou secure | | harges at tume case filed included in |
| Specify the priority o Domestic sup (a)(1)(B) | f the claim port obligations under 11 USC \$507(a)(1)(A) o | | Up to \$1 or serving 507(a | ces for personal family, or | purchase, lease, or rental of property household use - 11 USC |
| business whicheve | es, or commissions (up to \$10,000) * earned within of the bankruptcy petition or cessation of the debte is earlier - 11 USC § 507(a)(4) s to an employee benefit plan - 11 USC § 507(a) | 1 180 □ or s □ *An | Other - | Specify applicable paragra | mental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter n or after the date of adjustment |
| 5 Total Amou | unt of Claim at Time Case Filed | \$ | (smoon- | 262,241,81 | |
| interest of add | x if claim includes interest or other charges in add ational charges | ition to the | unsecus) e princip | ed) (secured) al amount of the claim At | (priority) (Total) tach itemized statement of all |
| 6 Credits Ti making this pro | ne amount of all payments on this claim has been not of claim | credited a | nd deduc | cted for the purpose of | THIS SPACE IS FOR COURT USE ONLY |
| 7 Supporting D orders invoices agreements and documents are | Occuments Attach copies of supporting documes itemized statements of running accounts contraid evidence of perfection of lien DO NOT SEN not available explain. If the documents are voluments are voluments are voluments. | cts, court j D ORIGIN nunous, att | udgmen IAL DO ach a su | ts, mortgages, security CUMENTS If the mmary | filed date 7/17/06 |
| 8 Date-Stamped addressed envel | Copy To receive an acknowledgment of the fillope and copy of this proof of claim | ing of you | r claım, | enclose a stamped, self- | 7/17/06 |
| Date 7/13/06 | Sign and print the name and title, if any, of the file this claim (attach copy of power of attorn | ne creditor ney, if any | or other | person authorized to | |
| | Whitney B. Warnick, Esq. At | torne | y for | Claimants | USA CMC |

EQ 3 B10 (Official Form 10) (10/05)

| United States Bankruptcy Court | DISTRICT OF NEVADA | PROOF OF CLAIM |
|--|--|--|
| Name of Debtor USA COMMERCIAL MORTGAGE Co. | Case Number 06-10725 | |
| NOTE: This form should not be used to make a claim for an administrative expense ma | strative expense arising after the commencement y be filed pursuant to 11 U.S.C. § 503. | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): GEORGE W. HUBBARD AND CAROL N. HUBBARD TRUSTEES OF THE HUBBARD TRUST GAS 7/29/1998 | giving particulars. | |
| Name and address where notices should be sent: ROBERT C. LEPOME 10120 S. EASTERN ± 200 HENDERSON, NV 89052 Telephone number (702) 492-1271 | Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court. | THIS SPACE IS FUR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor: 6291 | Check here ☐ replaces if this claim ☐ amends a previously file | d claim, dated: |
| 1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes WECLICENCE + FRAUD | Retiree benefits as defined in I Wages, salaries, and compensa Last four digits of your SS #: Unpaid compensation for serv fromI (date) | tion (fill out below) |
| 2. Date debt was incurred: JAN 1, 2005 TO APRIL 12, 2006 | 3. If court judgment, date obtained | |
| Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of wentitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B) | Amount of arrearage and other char secured claim, if any: \$ | ges at time case filed included in chase, lease, or rental of property uschold use - 11 U.S.C. |
| ☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4). | *Amounts are subject to adjustment on 4/1 | 1/07 and every 3 years thereafter |
| Contributions to an employee benefit plan - !! U.S.C. § 507(a 5. Total Amount of Claim at Time Case Filed: | s /42.560 | 162,500 |
| Check this box if claim includes interest or other charges in addinterest or additional charges. | | priority) (Total) h itemized statement of all |
| Credits: The amount of all payments on this claim has been making this proof of claim. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluted and deceased envelope and copy of this proof of claim. Date Stamped Copy: To receive an acknowledgment of the first addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of a file this claim (attack copy of power of attack). | tents, such as promissory notes, purchase acts, court judgments, mortgages, security AD ORIGINAL DOCUMENTS. If the minous, attach a summary. Iling of your claim, enclose a stamped, self-the creditor or other person authorized to | THIS SPINCE IS FOR COURT USE ONLY FILED JAN 0 8 |
| 15-07 ROBERT C. LEPOME, | THE BARELIGEO PITTY FOR CLAIMANT | |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C.

USA CMC 1072501863